

JUL 27 1935

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space. ✓

20913

1. PLACE OF DEATH

County St. Louis Registration District No. 787
 Township Meramec Primary Registration District No. 6037
 City Allenton (No. Allenton, Mo.) St. _____ Ward _____

2. FULL NAME

Lulu Crismon

(a) Residence, No. Allenton, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest E Crismon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>		<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Miss.

13. NAME John Mc Daniels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Elizabeth Voun

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT E. E. Crismon
 (ADDRESS) Allenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vienna, Mo DATE 6/9/1935

19. UNDERTAKER Thielges & Son
 (ADDRESS) Joplin, Mo

20. FILED June 8 19 35 M. S. Crismon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7/1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 PM

The principal cause of death and related causes of importance were as follows:

Suicide; Jumped in the cistern, ill for some time, passed three months in state of dementia, premature senility type, caused by generalized arteriosclerosis, cerebral arteriosclerosis, and chr. hypertension. Was under the medical care during this period of illness, by four different M.D.'s in the section of

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? OVER
 (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) T. B. Brown M. D. 6/8/35
 (Address) 3718 Jennings Rd.
Donna Brown

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

country where she lived. Also St. Louis County
Hospital out clinic department. This
happened in Meramec Township, St. Louis
County, Mo. living on Dr. ~~Davidson's~~ farm.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

1. PLACE OF DEATH
 County St Louis Registration District No. 787 File No. 20913
 Township _____ Primary Registration District No. 6032 Registered No. _____
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Lula Crismon
 (a) Residence, No. Allenton Mo St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest E Crismon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1875
 7. AGE YEARS MONTHS Days LESS than 1 day, hrs. or min. 60 - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irwin Miss

FATHER 13. NAME John W Daniel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Elizabeth Bonn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT E E Crismon
 (ADDRESS) Allenton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Irwin Mo DATE 6/9/35

19. UNDERTAKER Thibe & Son
 (ADDRESS) Pacific Mo

20. FILED June 8 1935
Frick
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7/1935
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Suicide. Jumped in the stream. Fell some time past three months in state of dementia, premature death caused by hypertensive arteriosclerosis. Other contributory causes of importance: Central arteriosclerosis & hypertension was under medical care during the period of illness by a different M.D. in the state of

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? County where she lived
Irwin Mo (City or town, county, and State) on
 Specify whether injury occurred in industry, in home, or in public place.
Doctor E W Cowley's farm Allenton Mo
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W H Turner Coroner
 (Address) St Louis 3718 Genessee Road
Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-20913